

Dissecting intramural hematoma of the esophagus

J. Costelloe, O. Mc Cormack, J. V. Reynolds

Department of Surgery, St. James's Hospital, and Trinity College Dublin, Dublin, Ireland

A 63-year-old woman, with no previous medical history, presented to the emergency room with severe retrosternal chest pain and shortness of breath. Her D-dimer level was raised at 1100 ng/mL. A pulmonary embolus was suspected, and she was administered a therapeutic dose of low molecular weight heparin. A computed tomography of thorax revealed a dilated esophagus and a dissecting intramural hematoma throughout its length (Figs. 1 and 2). On further questioning, she admitted that in the past, she had experienced difficulty swallowing, describing it as a “slow swallow” over 20 years. Prior to her acute presentation, she had taken a glucosamine tablet that lodged in her esophagus and precipitated retching. She was

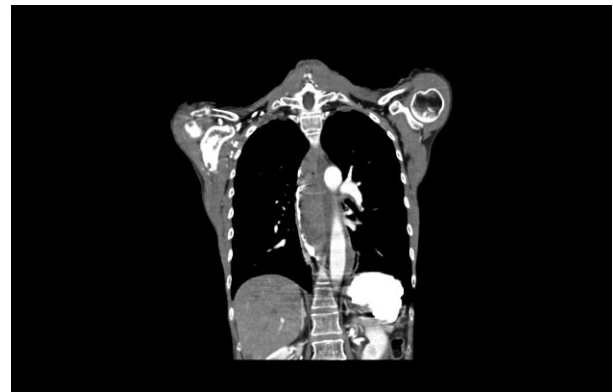


Fig. 2 Coronal image of computed tomography of thorax showing the length of dissecting intramural hematoma and displaced narrowed lumen.



Fig. 1 Axial image of computed tomography of thorax demonstrating intramural hematoma which is displacing the lumen of the esophagus to the right hand side of the patient.

managed conservatively with complete clinical and radiologic resolution of the hematoma, but a dilated esophagus in keeping with pre-existing achalasia (Fig. 3).



Fig. 3 Repeat computed tomography of thorax coronal image demonstrating complete resolution, contrast is filling lumen and there is no residual hematoma.

Address correspondence to: Ms Orla Mc Cormack, MD, St. James's Hospital, Dublin 8, Ireland. Email: omccormack@rcsi.ie